

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616; HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE E TRICS COMMISSIE

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST NAME (Last)	(First)	(Middle)	TELEPHONE	
Slovin	Gary	M.	808-547-5600	
MAILING ADDRESS (Street)			FAX	
1099 Alakea Street, Suite 1800			808-547-5880	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Goodsill Anderson Quinn & Stifel			808-547-5600	
MAILING ADDRESS (Street)			FAX	
Same as above.			808-547-5880	
(City)	(State)		(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOB	TELEPHONE		
MultiState Associates on bel	703-684-1110		
MAILING ADDRESS (Street)	FAX		
515 King Street, Suite 300	703-684-7912		
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Carrie E. Calvin		703-684-1110	
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300	703-684-0717		
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawalian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (Indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Taxation			
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information fugnished above is, to the best of my knowledge, correct and complete.						
1/7/07						
(Signature of Lobbyist) (Date)						
PART V AUTHORIZATION TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Paul W. Hallman	President (MultiState Associates Inc.)					
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE			
MultiState Associates or	703-684-1110					
MAILING ADDRESS (Street)			FAX			
515 King Street, Suite 3	00		703-684-7912			
(City)	(State) (Zip Code)					
Alexandria, VA 22314						
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Au	thorizing Officer or Person Repres	sented)	(Date)			